Image# 14960606066 PAGE 1 / 24

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, to over the lines.	ype 12FE4M5	
CHARLOTTE-MECKLENBU	IRG HOSPITAL AUT	HORITY/CAROLINAS HEAI	THCARE SYSTEM EMPL	OYEES FED PAC
ADDRESS (number and street)	ATTENTION: MARY	ANN ROUSE		
Check if different	1000 BLYTHE BOUL	EVARD		
than previously reported. (ACC)	CHARLOTTE		NC 282	03-2861
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦	STATE ▲	ZIP CODE 🛦
C C00423871		3. IS THIS REPORT X (N)	OR AMENDE	D
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2) May	20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.		20 (M6) Sep 20 (M9	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q	D1)	Apr 20 (M4) Jul 2	Oct 20 (M10	O) Jan 31 (YE)
July 15 Quarterly Report (Q	(c) 12-Day PRE-Electi		General (12G)	Runoff (12R)
October 15 Quarterly Report (Q	Report for	the: Convention (12C	Special (12S)	
January 31 Year-End Report (Y		Election on	D / Y # Y # Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		Runoff (30R)	Special (30S)
Termination Report (TER)			D / Y Y Y Y	in the State of
5. Covering Period 01		2014 through		2014
I certify that I have examined th	is Report and to the b	est of my knowledge and belie	of it is true, correct and comp	lete.
Type or Print Name of Treasure	•		· · · · · · · · · · · · · · · · · · ·	
Signature of Treasurer Mary	Ann Rouse	[Electronically File		04 / 2014
NOTE: Submission of false, errone	eous, or incomplete info	rmation may subject the person	signing this Report to the pena	lties of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 274486.06 January 1. 2014 (b) Cash on Hand at 274486.06 Beginning of Reporting Period..... 20673.75 20673.75 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 295159.81 295159.81 6(a) and 6(c) for Column B)..... 24.07 24.07 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 295135.74 295135.74 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

R	eport Covering the Period: From: 01	M / D1 / Y Y Y Y Y TO:	03 31 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13858.44	13858.44
	(ii) Unitemized(iii) TOTAL (add	6613.48	6613.48
	Lines 11(a)(i) and (ii)▶	20471.92	20471.92
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
19	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	20471.92	20471.92
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	137.72	137.72
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	64.11	64.11
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	20673.75	20673.75
20.	Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	20673.75	20673.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal	iotal fino i citou	Calcildal Teal-IO-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(") No. 5. 1 1 Ol	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
Expenditures	24.07	24.07			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b)) ▶	24.07	24.07			
Transfers to Affiliated/Other Party	0.00	0.00			
Committees Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	0.00	0.00			
Independent Expenditures					
(use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00				
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loan riopaymonio Made					
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	5.00				
(such as PACs)	0.00	0.00			
(d) Tatal Cantribution Defineds					
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00			
(add Lines 20(a), (b), and (c))					
Other Disbursements	0.00	0.00			
_					
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity (from Schedule H6)					
(i) Federal Share	0.00	0.00			
() 1111 11 11 11					
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely	0.00	0.00			
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24.07	24.07			
Total Federal Disbursements					
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	24.07	24.07			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 EO TOTHI SX (Nev. 02/2003)		1 age 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	20471.92	20471.92
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20471.92	20471.92
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	24.07	24.07
7. Offsets to Operating Expenditures (from Line 15, page 3)	137.72	137.72
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-113.65	-113.65

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF	24
(check only one)									
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	13		14		15		16	6	17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Pamela M Beckwith		Date of Receipt
Mailing Address 1709 Rosebank Lane		01 31 2014
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.11677 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	
Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane		Date of Receipt 02 28 2014
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.11755 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) C. Dr. Marsha D Ford		Date of Receipt
Mailing Address 6836 Alexander Road		02 28 2014
City Charlotte	State Zip Code NC 28270	Transaction ID : SA11AI.11792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Carolinas HealthCare System Receipt For: 2014 Primary General	Occupation PHYS Aggregate Year-to-Date ▼	Payroll Deduction \$100 monthly
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).	>	433.34
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF	24
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	13		14		15		16	3	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and address of any political committee to	o solicit contributions from such committee.
CHARLOTTE-MECKLENBURG HOS Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue #413 City Charlotte FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NC 28203 C Occupation	Date of Receipt O1 02 2014 Transaction ID : SA11AI.11586 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem Receipt For: 2014 Primary General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 416.67	
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue #413		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28203	Transaction ID : SA11AI.11669 Amount of Each Receipt this Period 416.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2014 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 833.34	Payroll Deduction \$416.67 monthly
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue #413		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2014 Primary General Other (specify) ▼	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date ▼ 1250.01	Transaction ID : SA11AI.11747 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
SUBTOTAL of Receipts This Page (optional).		1250.01
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s)
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Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek Drive		Date of Receipt
	7: 0 :	01 02 2014
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.11628 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Receipt For: 2014 Primary	Aggregate Year-to-Date ▼ 416.67	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek Drive		Date of Receipt 01 31 2014
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.11703 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) C. Mr. Greg A Gombar		Date of Receipt
Mailing Address 4625 Cotton Creek Drive		02 28 2014 _
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.11781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Carolinas HealthCare System Receipt For: 2014 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 1250.01	Payroll Deduction \$416.67 monthly
SUBTOTAL of Receipts This Page (optional)	>	1250.01
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF		24
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Dr. Mary N Hall Mailing Address 1040 Queens Road		Date of Receipt
City	State Zip Code	02 28 2014 Transaction ID : SA11AI.11740
Charlotte FEC ID number of contributing federal political committee.	NC 28207	Amount of Each Receipt this Period 83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B White Hwy N		Date of Receipt 02 28 2014
City Whiteville	State Zip Code NC 28472	Transaction ID : SA11AI.11746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$100 monthly
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Sara J Herron		Date of Receipt
Mailing Address 9422 Briarwick Lane		01 31 2014
City Charlotte	State Zip Code NC 28277-1673	Transaction ID : SA11AI.11725 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Carolinas HealthCare System Receipt For: 2014 Primary ☐ General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 250.00	Payroll Deduction \$125 monthly
SUBTOTAL of Receipts This Page (optional)		308.34
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	. 1	10	OF		24
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Sara J Herron		Date of Receipt
Mailing Address 9422 Briarwick Lane		02 28 2014 .
City	State Zip Code NC 28277-1673	Transaction ID : SA11AI.11803
Charlotte EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$125 monthly
Receipt For: 2014 Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Laurence C Hinsdale Mailing Address 7117 Stirewalt Road		Date of Receipt 01 02 2014
City	State Zip Code	Transaction ID : SA11AI.11646
Concord	NC 28027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$250 monthly
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Laurence C Hinsdale		Date of Receipt
Mailing Address 7117 Stirewalt Road		01 31 2014
City Concord	State Zip Code NC 28027	Transaction ID : SA11AI.11720 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
Carolinas HealthCare System	ADMIN]
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary ➤ General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	>	625.00
TOTAL This Period (last page this line number	ər only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Laurence C Hinsdale Date of Receipt Mailing Address 7117 Stirewalt Road 28 2014 City State Zip Code Transaction ID: SA11AI.11798 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ **General** Primary 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Christopher R Hummer Date of Receipt Mailing Address 215 Hillside Avenue 01 31 2014 City State Zip Code Transaction ID: SA11AI.11687 Charlotte NC 28209 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation CarolinasHealthCareSystem **ADMIN** Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial)

Mr. Christopher R Hummer		Date of Receipt
Mailing Address 215 Hillside Avenue		02 28 2014
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11AI.11765
Chanotte	NC 26209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	375.00	

SUBTOTAL of Receipts This Page (optional)	I	Ī	7	I	Ī	7	I	50	00.00)	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) James C Hunter Date of Receipt Mailing Address 2701 Rothwood Drive 2014 28 City Zip Code State Transaction ID: SA11AI.11770 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 333.34 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas F Laymon Date of Receipt Mailing Address 2004 Garden View Lane 02 28 2014 City State Zip Code Transaction ID: SA11AI.11760 Weddington NC 28104 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Payroll Deduction \$100 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. W. Spencer Lilly Date of Receipt Mailing Address 9306 Copans Glen Lane M M / 01 31 2014 City State Zip Code Transaction ID: SA11AI.11724 NC Huntersville 28078 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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Receipt For: 2014

Primary

Other (specify)

X General

	FOR LINE NUMBER:	: PAGE	E 13 OF	24
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Date of Receipt Mailing Address 9306 Copans Glen Lane 2014 28 City Zip Code State Transaction ID: SA11AI.11802 NC Huntersville 28078 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 500.01 Other (specify) Full Name (Last, First, Middle Initial) B. Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 02 28 2014 City State Zip Code Transaction ID: SA11AI.11808 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J Lutes Date of Receipt Mailing Address 4025 Camrose Crossing M = M 28 02 2014 City Zip Code State Transaction ID: SA11AI.11776 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.02 333.35 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell		Date of Receipt
Mailing Address 3617 Charolais Lane		01 02 2014
City	State Zip Code	Transaction ID : SA11AI.11621
Harrisburg	NC 28075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	- Payroll Deduction \$1500 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	1500.00	
Full Name (Last, First, Middle Initial) 3. Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Place		01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.11634
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer	Occupation	Payroll Deduction \$208.34 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	
Full Name (Last, First, Middle Initial) C. Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Place		01 31 2014
City	State Zip Code	Transaction ID : SA11AI.11708
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer	Occupation	Payroll Deduction \$208.34 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	416.68	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	1916.68
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FE Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston Place City Charlotte NC Carolinas HealthCare System Receipt For: 2014 Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mickey S. Pickler Date of Receipt Transaction ID: SA11AI.11786 Amount of Each Receipt this Period Payroll Deduction \$208.34 monthly Date of Receipt Date of Receipt Date of Receipt Date of Receipt	Y
Mailing Address 5900 Summerston Place Mailing Address 5900 Summerston Place	34
City State Zip Code NC 28277 Charlotte NC 28277 FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2014 Primary ☐ General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mickey S. Pickler Pinaction ID : SA11AI.11786 Amount of Each Receipt this Period Payroll Deduction \$208.34 monthly Payroll Deduction \$208.34 monthly Payroll Deduction \$208.34 monthly Payroll Deduction \$208.34 monthly Date of Receipt	.34
Charlotte NC 28277 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2014 Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mickey S. Pickler Amount of Each Receipt this Period Payroll Deduction \$208.34 monthly Payroll Deduction \$208.34 monthly Date of Receipt	.34
FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2014 Primary Other (specify) Full Name (Last, First, Middle Initial) Mickey S. Pickler Primary Amnount of Each Receipt this Period 208 Payroll Deduction \$208.34 monthly Payroll Deduction \$208.34 monthly 625.02	.34
Carolinas HealthCare System Receipt For: 2014 Primary ☐ General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mickey S. Pickler Occupation Aggregate Year-to-Date ▼ 625.02	
Receipt For: 2014 Primary General Other (specify) Full Name (Last, First, Middle Initial) Mickey S. Pickler Aggregate Year-to-Date 625.02 Date of Receipt	
Primary	
Other (specify) Full Name (Last, First, Middle Initial) Mickey S. Pickler Date of Receipt	V
Mickey S. Pickler Date of Receipt	V
· · · · · · · · · · · · · · · · · · ·	77
Mailing Address 61 Misty Ridge Road M M / D D / Y Y Y Y 02 28 2014	Y
City State Zip Code Transaction ID : SA11AI.11789	
Zirconia NC 28790 Amount of Each Receipt this Period	
rederal political committee.	34
Name of Employer Occupation Payroll Deduction \$83.34 monthly CarolinasHealthCareSystem ADMIN	
Receipt For: 2014 Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) C. Mr. Joseph G Piemont Date of Receipt	
Mailing Address 2028 Hopedale Avenue Mailing Address 2028 Hopedale Avenue 01 02 2014	Y
City State Zip Code Transaction ID : SA11AI.11605	
Charlotte NC 28207 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	.00
Name of Employer Occupation Payroll Deduction \$400 monthly	
Carolinas HealthCare System ADMIN	
Receipt For: 2014 Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	68
TOTAL This Period (last page this line number only)	

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Date of Receipt Mailing Address 2028 Hopedale Avenue 2014 31 City Zip Code State Transaction ID: SA11AI.11684 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Payroll Deduction \$400 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Joseph G Piemont Date of Receipt Mailing Address 2028 Hopedale Avenue 02 28 2014 City State Zip Code Transaction ID: SA11AI.11762 Charlotte NC 28207 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Payroll Deduction \$400 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Debra Plousha Moore Date of Receipt Mailing Address 6935 Conservatory Lane M M / 01 31 2014 City Zip Code State Transaction ID: SA11AI.11715 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 333.34 966.67 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) 1. Debra Plousha Moore		Date of Receipt
Mailing Address 6935 Conservatory Lane		02 28 2014
City	State Zip Code	Transaction ID : SA11AI.11793
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	500.01	
Full Name (Last, First, Middle Initial) 3. Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		M M / D D / Y Y Y Y
Thaming / tauress 1029 Ledeler Ave		01 02 2014
City	State Zip Code	Transaction ID : SA11AI.11581
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real-to-bate V	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		01 31 2014
City	State Zip Code	Transaction ID : SA11AI.11664
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	1
Primary X General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	666.67
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		02 28 2014
City	State Zip Code	Transaction ID : SA11AI.11742
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	1
Primary	750.00	
Full Name (Last, First, Middle Initial) 3. Lawrence W Raymond		Date of Receipt
Mailing Address 5740 Ballinard Lane		M M / D D / Y Y Y Y
3740 Daillilaid Laile		01 02 _2014 _
City	State Zip Code	Transaction ID : SA11AI.11571
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Carolinas HealthCare System	Physician	
Receipt For: 2014	Aggregate Year-to-Date ▼	1
Primary General	ragiogate roar to Date ₹	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		02 28 2014
City	State Zip Code	Transaction ID : SA11AI.11756
Murphy	NC 28906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)	•	833.34
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive		Date of Receipt
City	State Zip Code	01 02 2014 Transaction ID : SA11AI.11589
Charlotte FEC ID number of contributing federal political committee.	NC 28207	Amount of Each Receipt this Period 416.67
Name of Employer	Occupation ADMIN	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem Receipt For: 2014 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive		Date of Receipt 01 31 2014
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.11671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		02 28 2014
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.11749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2014 Primary	Occupation ADMIN Aggregate Year-to-Date ▼ 1250.01	Payroll Deduction \$416.67 monthly
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1250.01
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) 1. Dr. Chris M Teigland		Date of Receipt
Mailing Address 700 Hungerford Place		01 31 2014
City	State Zip Code	Transaction ID : SA11AI.11716
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	Payroll Deduction \$200 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Chris M Teigland		Date of Receipt
Mailing Address 700 Hungerford Place		M = M / D = D / Y = Y = Y
City	State Zip Code	02 28 2014
Charlotte	NC 28207	Transaction ID : SA11AI.11794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	Payroll Deduction \$200 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2014	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real to Date ¥	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Joan Thomas		Date of Receipt
Mailing Address 230 Summermore Drive		01 31 2014
City	State Zip Code	Transaction ID : SA11AI.11689
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2014	Aggregate Year-to-Date ▼	7
Primary	250.00	
SUBTOTAL of Receipts This Page (optional).		525.00
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TOTAL This Period (last page this line numb	er only)	

Carolinas HealthCare System

Receipt For: 2014

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Primary	250.00	
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge Drive		Date of Receipt M = M / D = D / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.11804
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
OUDTOTAL of Describe This Described		375.00

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mary Ann Wilcox Date of Receipt Mailing Address 5314 Wingedfoot Road 2014 31 City Zip Code State Transaction ID: SA11AI.11706 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Ann Wilcox Date of Receipt Mailing Address 5314 Wingedfoot Road 02 28 2014 City State Zip Code Transaction ID: SA11AI.11784 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Phyllis Anne Wingate Date of Receipt Mailing Address 6005 Willowood Road 01 31 2014 City Zip Code State Transaction ID: SA11AI.11709 NC Kannapolis 28081 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC				
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate Mailing Address 6005 Willowood Road	Date of Receipt 02 28 2014					
City	City State Zip Code					
Kannapolis	NC 28081	Transaction ID : SA11AI.11787 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer	Occupation	Payroll Deduction \$250 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2014 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) 3. Zachary Zapack Mailing Address 1015 Charlotte Ave #351	•	Date of Receipt				
		01 02 _2014				
City	Transaction ID : SA11AI.11574					
Rock Hill	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00 Payroll Deduction \$250 monthly				
Name of Employer Carolinas HealthCare System	Occupation Administrator					
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) C. Zachary Zapack		Date of Receipt				
Mailing Address 1015 Charlotte Ave #351						
City						
Rock Hill	Rock Hill SC 29732					
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Payroll Deduction \$250 monthly					
Carolinas HealthCare System	Administrator					
Receipt For: 2014	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	500.00					
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Zachary Zapack Date of Receipt Mailing Address 1015 Charlotte Ave #351 2014 28 City Zip Code State Transaction ID: SA11AI.11737 SC Rock Hill 29732 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 750.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 13858.44 TOTAL This Period (last page this line number only).....